



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



CUSTOMER ID:
Afton View Apartments
Phone: 651-738+0059 and Fax: 651-730-7590
APPLICATION FOR APARTMENT OCCUPANCY



This application must be filled out completely. Driver's License or ID required to complete application.

Office Use Only			
BUILDING ADDRESS: _____ APT # _____			
REFERRED BY _____			
LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____			
MONTHLY RENT\$ _____ GARAGE\$ _____ DEPOSIT DATE: _____ DEPOSIT AMT.\$ _____			
APPLICATION FEE \$ _____ (Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)			
APPLICANT LAST NAME		MAIDEN/PREFIX	FIRST
			MIDDLE
HOME PHONE	AND/OR	CELL PHONE	EMAIL ADDRESS
			WORK PHONE
SOCIAL SECURITY # OR INS #		DATE OF BIRTH	DRIVERS LICENSE #
			STATE ISSUED:
PRESENT ADDRESS		CITY	STATE
			ZIP
UNIT #	FROM	TO	RENT \$
			LANDLORD/PROPERTY NAME
			PHONE NUMBER
PREVIOUS ADDRESS		CITY	STATE
			ZIP
UNIT#	FROM	TO	RENT \$
			LANDLORD/PROPERTY NAME
			PHONE NUMBER
PRESENT EMPLOYER		PHONE #	POSITION
			DATES
ADDRESS		PART/FULL TIME	SUPERVISOR
			SALARY
PREVIOUS EMPLOYER		PHONE #	POSITION
			DATES
ADDRESS		PART/FULL TIME	SUPERVISOR
			SALARY
OTHER INCOME/SOURCE		PHONE #	CONTACT
			AMOUNT
ADDITIONAL OCCUPANTS & DATE OF BIRTH		EMERGENCY CONTACT NAME & NUMBER	
VEHICLE INFORMATION : MAKE & MODEL/COLOR		LICENSE #	YEAR
			DO YOU HAVE PETS? Yes or No
			If yes: How many? _____
			Type? _____
Have you ever filed bankruptcy?	Have you ever been evicted or asked to move?	Have you ever been convicted or charged with a crime?	Do you have a legal right to be in the United States?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, I am a US Citizen.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country.
If yes, please explain:	Have you ever refused to pay rent?	If yes, please explain:	<input type="checkbox"/> No
Have you ever resided in any other state? If so, where?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.			
Signature _____		Date _____	
MULTIHOUSING CREDIT CONTROL, 10125 CROSSTOWN CIRCLE #100, EDEN PRAIRIE, MN 55344			
PHONE (952) 941-0552 ♦ FAX (952) 942-0582 ♦ TOLL FREE (800) 328-6205			

Exhibit 3-3: Rental Application for Subsidized Housing Assistance

Office Use Only → Date/Time Received:

Manager Initials:

Rental Application Section 8/236☒ Initial☐ RecertificationProject Name Afton View ApartmentsAddress 365 S. Winthrop St, St. Paul, MN 55119

Unit# _____

of Bedrooms _____

Manager or Representative: _____

Name and number of emergency contact: _____

All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.*Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable".***HOUSEHOLD COMPOSITION**

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

Member's Full Name	Relationship	Date of Birth	Social Security #	Student*
	<i>Head</i>			

****Applicant's Telephone Number** _____*The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.*Race of Head of Household ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Native AmericanEthnicity of Head of Household ☐ Hispanic ☐ Non HispanicAre you a Non-Citizen Student ☐ Yes ☐ NoAre you a United States Citizen? ☐ Yes ☐ NoIf no, are you a Non-Citizen with eligible alien status? ☐ Yes ☐ No*Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.****Has/will this person be a student during this and/or the upcoming calendar year?****CURRENT HOUSING STATUS**

Address _____ City _____ State _____ ZIP _____

Name of Landlord: _____ Phone #: _____

Landlord's Address: _____

How long have you resided at your current address: _____ From _____ To: _____

Previous Housing**If less than 3 years provide additional information on an additional sheet.**

Address _____ City _____ State _____ ZIP _____

Name of Landlord: _____ Phone #: _____

Landlord's Address: _____

How long have you resided at your current address: _____ From _____ To: _____

HOUSEHOLD EMPLOYMENT INFORMATION**(USE ADDITIONAL SHEETS IF NECESSARY)**

Household Member's Employer _____		Phone #: _____	
Address _____		City _____	State _____ ZIP _____
Starting Date _____	Position _____	Supervisor _____	
Salary: \$ _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly	
Household Member's Employer _____		Phone # _____	
Address _____		City _____	State _____ ZIP _____
Starting Date _____	Position _____	Supervisor _____	
Salary: \$ _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly	

HOUSEHOLD INCOME INFORMATION**(ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY)**

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full-time, part-time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Monthly Amount
1 Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Welfare or disability benefits (Examples: MFIP, SSI, etc.)? *	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9 Social Security payments (include unearned income of minor children)? **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10 Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11 Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12 Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13 Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14 Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15 Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16 Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17 Heating assistance or other subsidies for your utility bills?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
21 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
22 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
23 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
24 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

* If you receive public assistance benefits, do you receive them via check, direct deposit or EBT card? _____

** If you receive social security benefits, do you receive them via check, direct deposit or Direct Express card? _____

Exhibit 3-3: Rental Application for Subsidized Housing Assistance (continued)

HOUSEHOLD ASSETS (ALL INFORMATION WILL BE VERIFIED)									
DO YOU HAVE MONEY HELD IN		Yes	No	Current Balance		Yes	No	Current Balance	
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9	401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11	Certification of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12	Pension/retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13	Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6	Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8	Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<i>* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.</i>									
							Yes	No	Value
17	Do you now own Real Estate?					<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
	If yes, list address (es), expenses paid and income received:								
18	Do you hold a contract for deed?					<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
19	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?					<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
20	What assets are held jointly with another person? List person and asset(s).					<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	

List below all items from above that were checked "YES"

# from Above	Name of company, financial institution or source	Mailing address of company financial institution or source	Phone Number of company, financial institution or source

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Household Member	Asset & Estimated Amount	Date sold/dispensed	Amount Received
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

HOUSEHOLD ALLOWANCE INFORMATION (ALL INFORMATION WILL BE VERIFIED)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:		Yes	No	Amount
1	Childcare, which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2	Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3	Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4	Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5	Outstanding medical bills on which you are currently paying>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6	Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7	Do you receive medical assistance through a public assistance agency/program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8	Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>	

Exhibit 3-3: Rental Application for Subsidized Housing Assistance (continued)

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either YES or NO in response to each question. An explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- _____ Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?
- _____ Do you or anyone else in your household qualify for housing because of a handicap or disability?
- _____ Will anyone else live in the unit on either a full-time or part-time basis?
- _____ Do you have sole legal and physical custody of your children? If no explain: _____
- _____ Are you now living or have you lived in a government-subsidized development? If yes, when: _____
- _____ Name of Development: _____
- _____ Address: _____ State: _____ Zip Code: _____
- _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____
- _____ Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
- _____ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
- _____ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
- _____ Do you or any member of your household use an illegal drug or other illegal controlled substance?
- _____ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- _____ Have you or any member of your household ever used different names from the names given in this application?
- _____ Have you or any member of your household ever used social security numbers different from those listed in this application?
- _____ How did you hear of this housing development? _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition. **Management has permission to call me if I am approved for the waiting list.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older sign below:

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

Exhibit 3-4: Resident Selection Criteria

Resident Name: _____

Property Name: **Afton View Apartments**

T&T

WELCOME!

WE ARE PROUD TO BE A THIES & TALLE MANAGEMENT, INC. COMMUNITY

ABOUT OUR RESIDENT SELECTION

EACH PROSPECTIVE RESIDENT IS QUALIFIED IN THE FOLLOWING MANNER

Thies & Talle Management, Inc. will not employ a criterion that is unrelated to an applicant's ability to meet essential lease requirements. It is unlawful to make an inquiry to determine whether an applicant, a person intending to reside in the unit after it is rented or made available or any persons associated with that person has a disability or to make inquiry as to the nature or severity of a disability of such a person.

Upon receipt of a completed application, the applicant shall be screened considering factors that include but are not limited to the following:

- 1) **Demonstrated ability to pay rent and utilities on time.**
- 2) **Comments from current and former landlords:** Endorsement from at least two is preferred, however lack of rental history as opposed to poor rental history is not solely sufficient justification to reject an applicant. Inquiry will be made pertaining to current/past rental history including non-payment of rent, failure to cooperate with applicable recertification procedures, violations of house rules, violations of lease, history of disruptive behavior, housekeeping habits, termination of assistance for fraud or previous evictions.
- 3) **Credit references:** We do credit checks on all applicants. However, lack of a credit history, as opposed to poor credit history, is not solely sufficient justification to reject an applicant.
- 4) **Criminal history record:** Management will review criminal history, including public record history. Any record of crimes or other public record of unlawful conduct or activity may be a basis for denial.
- 5) **One Strike rule:** Resident evicted from another federally assisted site for drug-related criminal activity, use of illegal drugs; abuse of alcohol or are classified as a sex offender.
- 6) **Housekeeping habits:** Housekeeping criteria are not intended to exclude households whose housekeeping is only superficially unclean or disorderly if such conditions would not appear to affect their or others health, safety and/or welfare.
- 7) **Units for persons with disabilities:** For applicants who require a handicapped accessible unit, inquiries may be made to determine whether an applicant is qualified for a unit that is available only to persons with handicaps or to persons with a particular type of disability. Inquiries may also be made to determine whether an applicant for such a unit is qualified for a priority that is made available to persons with handicaps or to persons with a particular type of disability.
- 8) **Government restrictions:** There are additional requirements at properties that receive financing and/or subsidy through government agencies such as the Department of Housing and Urban Development and the Rural Housing Service. These additional requirements include, but are not limited to, restrictions on the amount of income that household members may earn and restrictions on household members who are students at institutions of higher education. Please talk to the leasing agent or Property Manager to determine whether any of these government restrictions might affect your application.

Exhibit 3-4: Resident Selection Criteria (continued)

The following factors will not be used when screening an applicant:

- 1) **Medical examinations:** Physical examinations or medical testing will not be required as a condition of admission. Applicants will be uniformly required to furnish evidence of ability to meet the obligations of tenancy but greater burdens will not be imposed on individuals with disabilities.
- 2) **Meals and other services:** Tenants will not be forced to participate in a meals program and will not be assessed mandatory charges for services.
- 3) **Donations or contributions:** Applicants will not be required to give a donation, contribution or membership fee as a condition of admission. Payments not provided for in the lease will not be required.
- 4) **Pets for Elderly/Disabled Units:** Applicants shall not be rejected solely because the applicant has a pet. However, the pet must be in compliance with the criteria established within the property's pet policy.
- 5) **Criteria that could be discriminatory:** Applicants will not be discriminated based on race, color, creed, religion, sex, national origin, sex, familial status, disability, marital status, receipt of public assistance, or sexual orientation.
- 6) **Criteria that inquires about disabled status:** Applicants will not be asked whether they have a disability or asked about the nature or severity of a disability. However, supporting documentation may be asked for in order to verify whether an applicant qualifies for an accessible unit or a reasonable accommodation/modification.

Thies & Talle Management, Inc. must either:

- 1) Accept the applicant and provide housing or
- 2) Accept a preliminary application and place the applicant on the waiting list if a unit of suitable size is not available or
- 3) Reject the applicant.

NOTE: Placement on a waiting list does not constitute acceptance of the resident; further screening will be completed in accordance with the Resident Selection Plan.

WE COMPLY WITH ALL FEDERAL AND STATE EQUAL AND FAIR HOUSING LEGISLATION INCLUDING ALL APPLICABLE STATE STATUES.

Prospective Resident	_____	Date Received	_____
Prospective Resident	_____	Date Received	_____
Prospective Resident	_____	Date Received	_____
Prospective Resident	_____	Date Received	_____
Management	_____	Date Received	_____

Exhibit 3-7: Family Summary Sheet

FAMILY SUMMARY SHEET						TO BE COMPLETED BY OWNER'S REPRESENTATIVE				
						DECLARATION				
MBR. No.	LAST NAME OF FAMILY MEMBER	FIRST NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH	1	2	3	DATE VERIFIED	4
Head										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Declaration Legend:

1 - Citizens/National
2 - Noncitizens 62 or older

3 - All other noncitizens
4 - Not contending eligibility

Exhibit 3-8: Declaration of Section 214 Status

Property: Afton View Apartments

Applicant: _____ Date: _____

Instructions: Complete this form for **each** member of the household listed on the Family Summary Sheet

Last Name: _____

First Name: _____ Middle Initial: _____

Date of Birth: _____

Relationship to Household: _____ Sex: _____

Social Security No.: _____ Alien Registration: _____

Admission Number _____ if applicable (This is an 11-digit number found on DHS Form I-94, Departure Record)

Nationality _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

Save Verification No. _____
(To be entered by owner if and when received)

Instructions: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the information provided below the Declaration, and complete either Block 1, Section 2 or Block 3:

Declaration

I _____ hereby declare, under penalty
(Print or type first name, middle initial, last name)
of perjury, that I am:

_____ 1-. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature (for Block 1)

Date

Check here if adult signed for a child: _____

Documents Required for Noncitizens

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

A. Verification Consent Format, and

B. One of the following documents:

1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens); Alien Registration No. _____

2) Form I-94, Arrival-Departure Record, with one of the following annotations:
Admission No. _____

(11 digit number found on INS Form I-94)

- i. "Admitted as Refugee Pursuant to section 207";
- ii. "Section 208" or "Asylum"
- iii. "Section 243(h)" or "Deportation stayed by Attorney General";
- iv. "Paroled Pursuant to Sec. 212 (d) (5) of the INA";

3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- i. A final court decision granting asylum (but only if no appeal is taken);
- ii. A letter from an DHS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
- iii. A court decision granting withholding or deportation; or
- iv. A letter from an DHS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";

5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 247a.12 (11)" or "Provision of Law 274a.12";

6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

7) Form I-151, Alien Registration Receipt Card (for permanent resident aliens issued prior to 1979)

Note: Form I-151 is only valid until March 20, 1996.

Alien Registration Number: _____

Property: _____ Afton View Apartments

Date: _____

Applicant: _____

Exhibit 3-8: Declaration of Section 214 Status (continued)

Applicant Verification Consent Form

Instructions:

Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, the adult responsible for the child must sign it.

Consent:

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

- 1) The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2) The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - i. HUD, as required by HUD; and
 - ii. The DHS for purposes of verification of the immigration status of the individual.

Notification To Applicants:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-6: Owner's Notice Number 1

Dear _____

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a) Section 8 Housing Assistance Payments programs;
- b) Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c) Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. citizenship or submit evidence of eligible immigration status for each of your family member for whom you are seeking housing assistance. To do this you must:

- 1) Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
- 2) Have a Declaration Format completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Tenant Declaration Forms. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
- 3) Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by _____

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the manager. He/she will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 3-6: Owner's Notice Number 1 (continued)

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 10-17: Notice of Right to Reasonable Accommodation(Grievance Policy)

During the application process, duration of tenancy, lease violation, lease termination, and/or eviction process.

If you have a disability and as a result of your disability you need...

- A change in the rules or policies or how we do things that is necessary to give you an equal opportunity to live here and use the facilities or take part in programs on site.
- A change in the rules or policies or how we do things that is necessary to give you an equal opportunity to live here and will successfully address problems that have led to a notice of a lease violation, lease termination, or an eviction notice.
- A change or repair in your apartment or a special type of apartment that is necessary to give you an equal opportunity to live here and use the facilities or take part in programs on site.
- A change or repair to some other part of the housing site that is necessary to give you an equal opportunity to live here and use the facilities or take part in programs on site.
- A change in the way we communicate with you or give you information.

You may ask for this kind of change, which is called a Reasonable Accommodation.

If you can show that you have a disability and if your request is necessary and reasonable (does not create "an undue financial and administrative burden"), and your request will successfully address the lease compliance problem(s) in question (this applies only in the case of a denial of notice to of lease violation, termination, or eviction) we will try to make the changes you request.

We will give you an answer within a reasonable period of time unless there is a problem getting the information we need or if we both agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you.

If you need help filling out a Reasonable Accommodation request form or if you want to give us your request in some other way, we will help you. You can get a Reasonable Accommodation request form from the rental office.

NOTE: All information you provide will be kept confidential and will be used only to address your request. If you are not satisfied with our response to your request, you may file a grievance in order to appeal the decision that was made. In order to file a grievance, please send a request with a copy of the denial letter and any other relevant documentation that you had received to:

Thies and Talle Management
Attention: Section 504 Coordinator
470 West 78th Street, Suite 260
Chanhassen, MN 55317

Our Section 504 Coordinator will review all of the relevant documentation and may contact you if necessary to get additional information. Our Section 504 Coordinator will then give a written response to your request within 30 days after we received your letter.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. HUD-9887/A Fact Sheet describing the necessary verifications
2. Form HUD-9887 (to be signed by the Applicant or Tenant)
3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)
4. Relevant Verifications (to be signed by the Applicant or Tenant)

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

HUD-9887/A Fact Sheet Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/A's, and PHA's may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/A's, and PHA's can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.
Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.
Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

O/A's must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.
If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.
If you are a tenant, and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

1. HUD-9887/A Fact Sheet: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. Form HUD-9887: Allows the release of information between government agencies.
3. Form HUD-9887-A: Describes the requirement of third party verification along with consumer protections.
4. Individual verification consents: Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.
HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:
O/A's must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

O/A's must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.
HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:
O/A's must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

Agencies To Provide Information

1065-K-1 Partners Share of Income, Credits, Deductions, etc.
1041-K-1 Beneficiary's Share of Income, Credits, Deductions, etc.
1120S-K-1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1. If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.
U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.
This consent is limited to the following information that may appear on your current tax return:
1099-S Statement for Recipients of Proceeds from Real Estate Transactions
1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions
1099-A Information Return for Acquisition or Abandonment of Secured Property
1099-G Statement for Recipients of Certain Government Payments
1099-DIV Statement for Recipients of Dividends and Distributions
1099-INT Statement for Recipients of Interest Income
1099-MISC Statement for Recipients of Miscellaneous Income
1099-OID Statement for Recipients of Original Issue Discount
1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives
1099-R Statement for Recipients of Retirement Plans W-2-G
Statement of Gambling Winnings

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site

ref: Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C. 653(j). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Applicant's/Tenant's Consent to the

Release of Information

Verification by Owners of Information

Supplied by Individuals Who Apply for Housing Assistance

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.

- a. The HUD-9887/A Fact Sheet
- b. Form HUD-9887.
- c. Form HUD-9887-A.
- d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).

2. Verbally inform applicants and tenants that

- a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign

- b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to

- provide reasonable accommodations.

3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:

- HUD's requirements concerning the release of information.

- Other customer protections.

2. Sign on the last page that

- you have read this form, or
- the Owner or a third party of your choice has explained it to you.

- you consent to the release of information for the purposes and

uses described.

Authority for Requiring Applicant's/Tenant's Consent to the

Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance

and Community Development Act of 1982. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage

information pertinent to your eligibility or level of benefits. In addition, HUD regulations (24 CFR 5.658, Family Information and

Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any

depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare

benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for

households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap

assistance expenses.

U.S. Department of Housing

and Urban Development

Office of Housing

Federal Housing Commissioner

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request

information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your

eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the

correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the

PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the

limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5

U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any

applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have

provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will

have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the

relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In

addition, when new adult members join the household and when members of the household become 18 years of age they must also

sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by

the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 238

HOPE 2 Home Ownership of Multifamily Units



CUSTOMER ID:
Afton View Apartments
Phone: 651-738+0059 and Fax: 651-730-7590
APPLICATION FOR APARTMENT OCCUPANCY



This application must be filled out completely. Driver's License or ID required to complete application.

Office Use Only			
BUILDING ADDRESS: _____ APT # _____			
REFERRED BY _____			
LEASE DATES: FROM _____ TO _____ MOVE IN DATE: _____ LEASING AGENT _____			
MONTHLY RENT\$ _____ GARAGES\$ _____ DEPOSIT DATE: _____ DEPOSIT AMT.\$ _____			
APPLICATION FEE \$ _____ (Fee is non-refundable) (ONE PERSON PER APPLICATION PLEASE)			
APPLICANT LAST NAME		MAIDEN/PREFIX	MIDDLE
HOME PHONE	AND/OR	CELL PHONE	WORK PHONE
SOCIAL SECURITY # OR INS #		DATE OF BIRTH	STATE ISSUED:
PRESENT ADDRESS		CITY	STATE
UNIT #	FROM	TO	RENT \$
PREVIOUS ADDRESS		CITY	STATE
UNIT#	FROM	TO	RENT \$
PRESENT EMPLOYER		PHONE #	POSITION
ADDRESS		PART/FULL TIME	SUPERVISOR
PREVIOUS EMPLOYER		PHONE #	POSITION
ADDRESS		PART/FULL TIME	SUPERVISOR
OTHER INCOME/SOURCE		PHONE #	CONTACT
ADDITIONAL OCCUPANTS & DATE OF BIRTH		EMERGENCY CONTACT NAME & NUMBER	
VEHICLE INFORMATION : MAKE & MODEL/COLOR		LICENSE #	YEAR
DO YOU HAVE PETS? Yes or No		If yes: How many? _____	
Type? _____		Do you have a legal right to be in the United States?	
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Have you ever been evicted or asked to move? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever refused to pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever resided in any other state? If so, where?		Have you ever been convicted or charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
I authorize Multihousing Credit Control whose address is 10125 Crosstown Circle, Suite #100, Eden Prairie, MN 55344 to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.			
Signature _____		Date _____	
MULTIHOUSING CREDIT CONTROL, 10125 CROSSTOWN CIRCLE #100, EDEN PRAIRIE, MN 55344 PHONE (952) 941-0552 ♦ FAX (952) 942-0582 ♦ TOLL FREE (800) 328-6205			

APPLICANT SHOULD RETURN APPLICATION WITH ANY
APPLICABLE FEES TO CLIENT LISTED AT TOP OF FORM

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A must provide you with information obtained under this consent in accordance with State privacy laws.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

Conditions

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Failure to Sign the Consent Form

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible. Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Occupancy Specialist

Title

Signature & Date
cc: Applicant/Tenant
Owner file

Thies and Talle Management, Inc.

Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Section 8 assistance** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under **Section 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Section 8**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Section 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Thies and Talle Management, Inc. may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If **Thies and Talle Management, Inc.** chooses to remove the abuser or perpetrator, **Thies and Talle Management, Inc.** may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, **Thies and Talle Management, Inc.** must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing. In removing the abuser or perpetrator from the household, **Thies and Talle Management, Inc.** must follow Federal, State, and local eviction procedures. In order to divide a lease, **Thies and Talle Management, Inc.** may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, **Thies and Talle Management** may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, **Thies and Talle Management** may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Thies and Talle Management, Inc. will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Thies and Talle Management Inc.'s emergency transfer plan provides further information on emergency transfers, and **Thies and Talle Management, Inc.** must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Thies and Talle Management, Inc. can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from **Thies and Talle Management, Inc.** must be in writing, and **Thies and Talle Management, Inc.** must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. **Thies and Talle Management, Inc.** may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to **Thies and Talle Management, Inc.** as documentation. It is your choice which of the following to submit if **Thies and Talle Management, Inc.** asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- 1) A complete HUD-approved certification form given to you by **Thies and Talle Management, Inc.** with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- 2) A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- 3) A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- 4) Any other statement or evidence that **Thies and Talle Management, Inc.** has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, **Thies and Talle Management, Inc.** does not have to provide you with the protections contained in this notice.

If **Thies and Talle Management, Inc.** receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), **Thies and Talle Management, Inc.** has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation when there is conflicting evidence, **Thies and Talle Management, Inc.** does not have to provide you with the protections contained in this notice.

Confidentiality

Thies and Talle Management, Inc. must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Thies and Talle Management, Inc. must not allow any individual administering assistance or other services on behalf of **Thies and Talle Management, Inc.** (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Thies and Talle Management, Inc. must not enter your information into any shared database or disclose your information to any other entity or individual. **Thies and Talle Management, Inc.**, however, may disclose the information provided if:

- You give written permission to **Thies and Talle Management, Inc.** to release the information on a time limited basis.
- **Thies and Talle Management, Inc.** needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires **Thies and Talle Management, Inc.** or your landlord to release the information.

VAWA does not limit **Thies and Talle Management, Inc.**'s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, **Thies and Talle Management, Inc.** cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if **Thies and Talle Management, Inc.** can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
 - 2) Could result in death or serious bodily harm to other tenants or those who work on the property.
- If **Thies and Talle Management, Inc.** can demonstrate the above, **Thies and Talle Management, Inc.** should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the **your regional HUD office** (see <https://portal.hud.gov/hudportal/HUD?src=/states>) for more information about your regional HUD office.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

Additionally, **Thies and Talle Management, Inc.** must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **your property manager**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). More information can be found at:

Minnesota:

Day One hotline: 1-866-223-1111 or text 612-399-9995 = www.Dayoneservices.org

South Dakota:

South Dakota Statewide hotline: 1-800-430-7233

Michigan:

Marquette County, Harbor House Crisis Line 1-800-455-6611

North Dakota:

Family Safety Network of Cass County Hotline 218-547-1636

Montana:

Montana Hotline for Domestic Violence and Sexual Assault 1-800-799-7233

Helena: The Friendship Center 406-442-6800 www.thefreindshipcenter.org

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center> or call one of the numbers in the above list.

For help regarding sexual assault, you may find more information by calling one of the numbers in the above list.

Attachment: Certification Form HUD-5382

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency;
or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC
VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request for documentation is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____
7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

_____ _____ _____ _____ _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____

Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Form HUD-5382
(06/2017)

**Exhibit 10-18: Request for a Reasonable Accommodation
During the Application Process or During the Tenancy**

Name _____ Phone _____
Address _____

1. Please provide the name of the member of your household who has a disability. For purposes of this question, a disability is defined as follows:

An individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

Name of person with Disability as Defined Above: _____

2. As a result of his/her disability the following change or changes are necessary so that
_____ can live here as equally successfully as the other residents.

Check the kind of change(s) you need.

____ A change in my apartment or other part of the housing complex.

____ A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

3. This reasonable accommodation is necessary to assist the disabled individual because (please explain the connection between the accommodation requested and the disability):

4. You may verify that I have a disability and my need for this request by contacting:

Name _____

Address _____

Phone _____

5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us address your request.

I give you permission to contact the above individual for purposes of verifying that a family member or I have a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide and accommodation. This permission will expire no later than one year from the date it is signed.

Signed _____ Date _____